

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Alexandria Division

----- x
TIARRA FAIN, :
Plaintiff, :
vs. : CASE NO. 3:12-CV-293
RAPPAHANNOCK REGIONAL JAIL, :
et al., :
Defendants. :

----- x

Deposition of CHIZOBA UZOCHUKWU, M.D.

Fredericksburg, Virginia

Tuesday, January 29, 2013

12:57 p.m.

Job No.: 31300

Pages: 1 - 50

Reported by: Sarah M. Bickel, RPR

**DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
CONDUCTED ON TUESDAY, JANARY 29, 2013**

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1 Deposition of CHIZOBA UZOCHUKWU, M.D.,
2 held at the offices of:

3
4 CENTRAL VIRGINIA OB/GYN GROUP, INC.

5 1011 Care Way

6 Suite 200

7 Fredericksburg, Virginia 22401

8 (540) 373-4900
9
10
11
12
13
14
15

16 Pursuant to agreement, before Sarah M.
17 Bickel, Registered Professional Reporter and Notary
18 Public in and for the Commonwealth of Virginia.
19
20
21
22

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EXHIBIT 1

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
CONDUCTED ON TUESDAY, JANARY 29, 2013

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A P P E A R A N C E S

ON BEHALF OF THE PLAINTIFF:

WILLIAM G. SHIELDS, ESQUIRE

The Shields Law Firm, PLLC

11512 Allecingie Parkway

Richmond, Virginia 23235

(804) 594-3966

ON BEHALF OF THE DEFENDANTS:

ALEXANDER FRANCUZENKO, ESQUIRE

COOK, CRAIG & FRANCUZENKO, PLLC

3050 Chain Bridge Road

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Fairfax, Virginia 22030

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C O N T E N T S

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(Attached to the transcript.)

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DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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P R O C E E D I N G S

(Uzochukwu Exhibits 1 - 2 were premarked
for identification attached to the deposition
transcript.)

CHIZOBA UZOCHUKWU, M.D.

having been first duly sworn, testified as follows:

EXAMINATION BY COUNSEL FOR THE DEFENDANTS

BY MR. FRANCUZENKO:

Q Dr. Uzochukwu, my name is Alex
Francuzenko, and I represent various defendants from
the Rappahannock Regional Jail. Tiarra Fain has sued
the jail for which she alleges Eighth Amendment
violations. We're not going to get into the legal
issues today, but I'm here to ask you a few questions
about a delivery that you performed on April 18th,
2010.

Have you ever had your deposition taken
before? This is the process that we're going through
right now.

A Right now? No.

Q I'm just going to ask you some questions,
and counsel for Ms. Fain might ask you some

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1 to get her expertise. I'm trying to get some -- I
2 want to get her background for my own self.

3 MR. SHIELDS: Okay.

4 BY MR. FRANCUZENKO:

5 Q How many of those do you think were
6 inmates from the Rappahannock Regional Jail?

7 A I've had experiences with over, I would
8 say, four encounters.

9 Q And was one of them Ms. Tiarra Fain?

10 A One of them was Ms. Tiarra Fain.

11 Q Do you have a recollection of that
12 particular delivery?

13 A Yes.

14 Q And that was on April 18th, 2010?

15 A Correct.

16 Q All right. I'm going to show you an
17 exhibit, which we've marked as Exhibit 1, and ask you
18 if you can tell me what that is.

19 A This is an operative report note that is
20 dictated usually after a procedure, and we have --
21 vaginal deliveries are -- is a procedure, and I
22 dictate sort of an operative report. The course of

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 that is to explain certainly the indication of her
2 delivery, how baby was born, and any complications
3 that took place.

4 Q And if there were any complications that
5 took place during the course of delivery, you would
6 have noted them?

7 A Correct.

8 Q And if I'm reading this correctly, under
9 Procedure, you have listed this as a normal
10 spontaneous vaginal delivery, correct?

11 A Correct.

12 Q We'll get into the report in a minute, but
13 there's some questions I have about the delivery
14 itself.

15 At any point during the delivery process
16 while you were in the delivery room, was Ms. Fain
17 restrained?

18 A I did not visualize Ms. -- what's her last
19 name? -- Fain restrained, no.

20 Q And when you say "visualize," she was
21 right in front of you, correct?

22 A She was right in front of me.

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 Q And as far as you could tell, neither one
2 of her legs were restrained to anything?

3 A Neither one of her legs were restrained to
4 anything.

5 Q How about her arms?

6 A I want to understand. At the time of
7 delivery?

8 Q Yes.

9 A Her arms were not restrained that I could
10 see.

11 Q Did you at any point order any of the
12 officers that were there to take off restraints from
13 her?

14 A The afternoon that I took over her care, I
15 made emphasis to the nurse and the guard that was
16 there -- I have a visual of the guard, but I made it
17 clear to make sure that the patient is not restrained
18 during the course of labor and delivery. It is not
19 the first time I made such order because I've had
20 other experiences with three others prior to
21 Ms. Fain. I knew that that's commonly obliged. I
22 should not -- I was surprised to hear about this

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 outcome.

2 So I do give orders to make sure the
3 patient is not restrained, so I don't expect her to
4 be restrained while she's in labor and delivery, so
5 when I came into the room, I did not see that she was
6 restrained.

7 Q How about at any point while you saw her
8 that day, was she restrained?

9 A No.

10 Q And your experience in the other three
11 deliveries was that those inmates were not restrained
12 as well?

13 A They were not restrained as well.

14 Q Have you ever had a situation where you've
15 given an instruction to a guard that wasn't complied
16 with?

17 A No.

18 Q And if that were the case, for instance,
19 if there was a restraint on her during her delivery,
20 would you have noted that in your report?

21 A Yes, I would have.

22 Q And why would you do that?

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1 duty instructed Defendant Schoolfield to remove the
2 shackles as it was against hospital policy. Saying
3 that it was jail policy, Ms. Schoolfield refused.

4 Did you ever observe that?

5 A Didn't have that encounter, no.

6 MR. SHIELDS: Allow me to pose an
7 objection because the allegation is that the nurse
8 had this conversation, not the doctor.

9 MR. FRANCUZENKO: I understand.

10 A Yeah, not to the doctor.

11 MR. FRANCUZENKO: I'm asking if she
12 observed the nurse having that conversation.

13 THE WITNESS: No.

14 BY MR. FRANCUZENKO:

15 Q This is paragraph 24 of the amended
16 complaint. During the delivery process and over the
17 physician's objection, plaintiff was kept shackled by
18 her left arm and left leg by harsh restraints to a
19 hospital bed.

20 Is that true or false?

21 A That would be false.

22 Left arm, right?

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 Q And left leg.

2 A False.

3 Q Next -- this is further down in that same
4 paragraph that says, Plaintiff was unable to
5 reposition herself for comfort or in such a way
6 necessary to successfully engage in the delivery.

7 A False.

8 Q Next sentence in that paragraph, The
9 shackling was particularly dangerous as plaintiff's
10 umbilical cord was wrapped around the baby's neck,
11 which almost necessitated an emergency C-section.

12 Let me split that up in two.

13 A Sure.

14 Q Was there a particularly dangerous
15 shackling during this delivery?

16 A No.

17 Q And what about the umbilical cord?

18 A Had nothing -- no. I had total control of
19 my delivery. That did not take place.

20 Q Was there at any point a need or potential
21 need for an emergency Caesarean section?

22 A No.

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 A They are restrained in the postpartum
2 unit.

3 Q And that would be true of Ms. Fain also?

4 A That would happen to Ms. Fain also.

5 Q Now, do you actually remember Ms. Fain's
6 case specifically, or are you just going by what your
7 usual practice is?

8 A With Ms. Fain's -- rephrase that question.
9 Repeat your question again.

10 Q Do you recall Ms. Fain specifically not
11 being restrained, or are you just testifying that the
12 usual procedure is for them not to be restrained,
13 therefore, you assume she wasn't?

14 A I'm testifying that Ms. Fain would have
15 been restrained postpartum because I know based on my
16 other experiences with the other deliveries, but I
17 did not see her during her postpartum course being
18 restrained.

19 Q During the labor itself, do you remember
20 for sure -- the delivery itself, do you remember for
21 sure that she was not, or is it simply that that's
22 the usual procedure?

DEPOSITION OF CHIZOBA UZOCHUKWU, M.D.
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1 A During the delivery, I do remember that
2 she was not restrained.

3 Q Now, after the five minutes when the baby
4 was delivered, how much longer were you with her?

5 A I was with her for, I would say,
6 10 minutes, pretty much making sure that the bleeding
7 was under control, that she was repositioned back in
8 bed, the bed is put together, we count all our
9 instruments, and that's it.

10 Q So all told, during the labor and delivery
11 process, you were with her about 15 minutes?

12 A Yes.

13 Q And other than that, you don't know what
14 happened with respect to restraints, do you?

15 A No.

16 MR. SHIELDS: No further questions.

17 MR. FRANCUZENKO: I've got a few follow-up
18 for you, Doctor.

19 FURTHER EXAMINATION BY COUNSEL FOR THE DEFENDANTS

20 BY MR. FRANCUZENKO:

21 Q The nurses that you work with -- this was
22 at Mary Washington Hospital?



NAME:	Fain , Tiarra Lashae	MRN:	[REDACTED]
ADMIT DATE:	04/18/2010	ACCOUNT#:	[REDACTED]
DATE OF OPERATION:	04/18/2010	LOCATION:	3OBS3109-M
SURGEON:	Chizoba Uzochukwu, DO	BIRTH DATE:	[REDACTED] 988
ASSISTANT:		FACILITY:	Mary Washington

DATE OF PROCEDURE:

04/18/2010

PREOPERATIVE DIAGNOSIS(ES):

1. Intrauterine pregnancy at 39-4/7 weeks gestation.
2. Induction of labor secondary to suspected large for gestational age.

POSTOPERATIVE DIAGNOSIS(ES):

1. Intrauterine pregnancy at 39-4/7 weeks gestation.
2. Induction of labor secondary to suspected large for gestational age.

PROCEDURE:

Normal spontaneous vaginal delivery.

ANESTHESIA:

Epidural.

SURGEON:

Chizoba D Uzochukwu, DO

ESTIMATED BLOOD LOSS:

250 cc.

INFANT DATA:

A live male infant, weighing 9 pounds 9 ounces/4337 g with Apgar scores of 9 and 9. Blood gas within normal limits with a pH of 7.2.

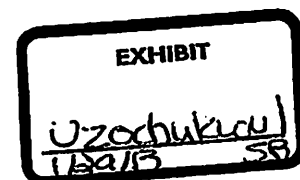
TECHNIQUE:

A 21-year-old gravida 4, para 1-0-2-1, at 39-4/7 weeks presented to the Labor and Delivery for induction of labor secondary to suspected LGA. She was admitted to the Labor and Delivery where she was noted to be about 2-3 cm dilated, 50% effaced, and minus 3 station. Induction of labor started using Pitocin, artificial rupture of membrane was performed, and pain management in the form of an epidural. The patient went on to progress to full dilation. Fetal heart tracing revealing baseline heart rate in the 130 beats per minute with moderate variability and variable decelerations down to 80 beats per minute/70 beats per minute consistent with contractions lasting less than 10 seconds. The patient was encouraged to proceed to second stage of labor once discovered that she was fully dilated, 100% effaced, and 0 to +1 station. The patient went on to actively push effectively with each subsequent contractions. Fetal heart tracing

OPERATIVE REPORT

Page 1 of 2

EXHIBIT 1



Name: Fain, Tiarra Lashae
MRN: ~~XXXXXXXXXX~~

reassuring. Using the McRoberts maneuver, the fetal head was approaching crowning position, and the head was successfully delivered followed by the anterior shoulder, then the posterior shoulder, and the rest of the body. The infant was placed over maternal abdomen. The cord was clamped and cut. The pH and cord blood were obtained and sent. The placenta was delivered spontaneously with 3 vessels intact. IV Pitocin was administered after completion of third stage of labor. Evaluation of the perineum revealed a second-degree laceration, which was repaired in layers using 0 Vicryl, 3-0 chromic, and 2-0 Vicryl on an SH. The surgical site repair was hemostatic. Exploration of the uterus revealed no retained products and firm, cervix without any laceration, and surgical site repair intact. The patient tolerated the procedure well. All instruments, needles, and sponges were all accounted for and correct.

DISPOSITION:

To mother-baby unit in approximately 2 hours.

D: 04/18/2010 10:00 P BY 013748 / T: 04/19/2010 05:00 A I: 04/19/2010 05:00 A
J: 68432/ S: 1266921 SPH-E: 201004190990110300
sph/

****Electronically signed by :**
Chizoba Uzochukwu, DO 05/10/2010 10:22 P

Chizoba Uzochukwu, DO

cc: Chizoba Uzochukwu, DO

-

OPERATIVE REPORT
Page 2 of 2

EXHIBIT 1

Uzorikwou 2
1/29/13 50

XXXXFAIN MWVH
TIARRA LASHAE
MRN: [REDACTED] DOB: [REDACTED] 1988
ACCT NO: [REDACTED] Age: 021



FAIN
TIARRA LASHAE
MRN: [REDACTED] DOB: [REDACTED] 1988
ACCT NO: 2 [REDACTED] 81 Age: 021 [REDACTED]
[REDACTED]

DATE	NOTES MUST BE SIGNED BY PHYSICIAN
4/18/10 6:30 am	24yo G4P1021 @ 39.4wks EDD 4/20/10 presents to L&D for induction of labor secondary to LGA. She reports irregular menses, pub, clon ⊕ FM. Pregnancy complicated by ⊕ incarceration since 210 @ Rappahannock regional Jail.
	Allergic: Pen
	Abog lab reviewed: b1 Ab - RI RP2 HNO ge chlam
	PMH: ⊕ Mab: PNV.
	P80: D+C x2
	P80: VIP x2, N840 x1'06 (Pulse 91's 60's induced - clavicle fr.).
	Spunk: Pap smear, PSTA.
	Sexhx: ⊕T EID x4.
	Apptle VBS
	Gen: MAN
	Rdm stable
	Tx 9/4 - 10 mins
	Fth: 130's, med-ur ⊕acels
	⊕ clearly reactive.
	W: 5, 5, 021
	Ab: G-60g, SPT, NT
	App: ID @ 39.4wks for 10L/LGA
	(Chromosomal precaution)
	Relic: 2/50/-3 - 1. Asmt to L&D
	Sex: ⊕Ccle 2-14 hydration
	3. Begin 10L/10min
	4. Consult anesthes.
	5. Ccl, TIS
	Uginal

XXXFAIN TIARRA LASHAE MRN: 832666 ACCT NO: [REDACTED]	MWH * DOB: 05/18/1988 Age: 021
--	--------------------------------------



PN5000

Progress Note

SR-79-MHS - Rev. 2/09

MediCorp
Health System
EXHIBIT 1

FAIN TIARRA LASHAE MRN: 832666 ACCT NO: [REDACTED]	MWH * DOB: 05/18/1988 Age: 021
---	--------------------------------------

Uzochukwu 3
1/22/13**Emergency Treatment**

I understand that regardless of my ability to pay or insurance status, Mary Washington Hospital (the "Hospital") will provide me with an appropriate medical screening examination to determine if I have an emergency medical condition. I understand that if qualified personnel determine that I have an emergency medical condition, the Hospital will provide me with stabilizing treatment or appropriately transfer me to another facility. I understand that I have the right to refuse a medical screening examination, treatment, or transfer.

Consent for Examination and Treatment

I have come to this Hospital to get medical screening and, if I need it, medical treatment. I freely consent to whatever examination and stabilizing treatment my physician thinks I need, including but not limited to medical, surgical, laboratory and x-ray services. I agree that the Hospital and my physician may obtain specimens and tissues as appropriate for my diagnosis and treatment and their respective health care operations, and I hereby authorize the Hospital to retain, photograph, preserve and use for scientific, teaching or other operational purposes, or dispose of at its convenience any specimens or tissues taken from my body, and to retain any and all photographs taken. I consent to video or the use of other electronic monitoring or recording method necessary for my treatment or safety. I understand that the practice of medicine and surgery is not an exact science and I know that treatment results cannot be guaranteed.

Independent Status of Physicians and Extenders

I know that the physicians and their employed care extenders or allied health care service professionals who provide services to me are not employees or agents of the Hospital, but are independent practitioners providing professional services. If you have any questions or concerns related to the above two sections, please contact a Patient Access Supervisor.

Students

I understand that the Hospital participates with healthcare education programs. I agree that students may participate in my care. I understand that the students are neither employees or agents of the Hospital.

Deemed Consent

I understand that under Virginia law if, while examining or treating me, any person employed by or under the direction and control of the Hospital or any other healthcare provider is directly exposed to my body fluids in a manner which may transmit HIV, Hepatitis B or Hepatitis C, I will be deemed to have consented to testing for HIV, Hepatitis B or Hepatitis C infection and to the release of the test results to the exposed person.

Patient Rights, Grievance Process, Advance Directives

I have received a copy of my rights and responsibilities as a patient and understand that a Patient Relations Specialist is available to help me. I understand that the Hospital has a formal process to address and resolve any concerns, complaints, or grievances. I may call the Patient Relations Specialist to assist me in addressing and resolving these issues.

I understand that, under Virginia law, I have the right to determine in advance, or to choose in advance someone to determine for me, what kind of medical or surgical treatment I would want if I am incapable of communicating to my doctor what kind of treatment I wanted, or if I am incapable of making an informed decision about my care. I acknowledge that the Hospital has offered to provide me "Your Right to Decide" regarding these "advance directives." If I already have an advance directive, I will provide a copy to be placed in my medical record and understand that the Hospital cannot follow the directives of my Advance Directive until I do provide it or draft a new one. If I do not already have an advance directive, I may contact the Patient Relations Specialist if I wish to discuss one.

Certifications

I certify that I have read this entire form, that I was given a chance to ask any questions I had about this form, that all of my questions about this form have been answered to my satisfaction, and that I understand the content and purpose of the form. I acknowledge that I have received a copy of this form.

I certify that I am the patient, or that I am a person authorized by the patient and/or in accordance with Virginia law to sign this form and accept its terms. I agree that upon discharge of the patient by the Hospital, I will be responsible for the patient and will make necessary arrangements to have the patient discharged from the Hospital.

Patient or Legal Surrogate

Date

Relationship to Patient

Witness

Date



CO0610

Mary Washington

XXXFAIN

TIARRA LASHAE

MRN: 832666

ACCT NO:

DOB: 1988

Age: 021

General Consent for

SR-70-MWH Rev. 12/08

EXHIBIT 1

FAIN	MWH
MRN: 832666	DOB: 1988
ACCT NO:	Age: 021

Mary Washington Healthcare Anesthesia Department offers several methods to help control your pain during labor for a vaginal delivery or providing anesthesia during a Cesarean delivery. Please read the following descriptions of each and feel free to ask any additional questions of your anesthesiologist or nurse anesthetist before proceeding. Signing this form indicates that you understand the risks and benefits of each type of anesthesia agent.

Epidural Block

The epidural space is an area of your spine through which most all nerves run on the way from your body to your brain. The nerves that carry pain messages to your brain from your uterus and vagina go through this space, so that by putting a small amount of numbing medicine in this space, we can block a large majority of the pain sensations during your labor. This can be done most of the time without making you actually feel extremely numb or weak. During a Cesarean delivery, stronger medication is used so that you will be completely numb from the mid-chest down. The lower part of your back will be cleansed and a needle will be placed between the bones of your spine until it reaches the epidural space. A very thin plastic tube will then be placed through this needle. The needle will be removed and the epidural "tube" or catheter will be left in place and taped to your back. Medication will then be given through this catheter continuously throughout your labor. You may be given a small button to press that will allow you to have some control over the amount of medicine you receive. Epidurals can provide excellent pain relief, are used very frequently, and are overall extremely safe. Risks of epidural blocks include the following:

- Incomplete or inadequate pain relief
- Mild back pain during and after placement
- Temporary paresthesia (shock-like feeling down the leg) during placement
- Low blood pressure
- Accidental spinal block with possible temporary partial or complete body numbness or unconsciousness
- Accidental spinal fluid sac puncture with possible headache
- Epidural space bleeding or infection
- Increased chance of forceps or vacuum assisted delivery
- Temporary or permanent nerve damage
- Seizure

Spinal Block

Spinal blocks are most often used for Cesarean rather than vaginal deliveries. Getting a spinal is very similar to getting an epidural. A very thin needle is placed between the bones of the spine, through the epidural space and into the spinal fluid sac. Medication is injected directly through the needle, which is then removed. There is no catheter used, so that nothing remains in your back. For Cesarean delivery, enough medicine is used to make you very numb from the mid-chest down. Often times, a small amount of narcotic pain medicine is injected at the same time. This will give you pain relief for about 13-20 hours after the numbness has worn off. Spinal blocks may be used for vaginal deliveries. Very small amounts of numbing and narcotic medicine may be used to provide pain relief without having the side effects of an epidural. MWH have

Patient Initials R

Date 4/16/10

XXXFAIN
TIARRA LASHAE
MRN: 832866
ACCT NO: 2007041181
DOB: 05/11/1988
Age: 021



C 0 0 7 4 0

Obstetric Anesthesia Consent

FR-884-MVHC REV 1/2010

Mary Washington Healthcare

FAIN
TIARRA LASHAE
MRN: 832866
ACCT NO: 2007041181
DOB: 05/11/1988
Age: 021

As with epidurals, spinals can provide excellent anesthesia, are used very frequently, and are overall extremely safe. Risks of spinal block include the following:

- Incomplete or inadequate pain relief
 - Temporary paresthesia (shock-like feeling down the leg) during placement
 - Low blood pressure
 - "High" spinal block with possible temporary complete body numbness or unconsciousness
 - Headache
 - Bleeding or infection
 - Temporary or permanent nerve damage
 - Cardiac arrest

General Anesthesia

General anesthesia is used for emergency Cesarean deliveries, where because of a problem with you or your baby, delivery must occur as quickly as possible without taking the time to place an epidural or spinal block. It is also used for Cesarean deliveries if there is any condition present that would make epidural or spinal anesthesia unsafe (severe bleeding or blood clotting problem, fever or infection in the mother) or if previously attempted spinal or epidural block doesn't work or does not make you numb enough. General anesthesia is rarely, if ever, used for vaginal deliveries. Any general anesthetic is given, of course, with your utmost safety in mind. Risks of general anesthesia include:

- Aspiration of stomach contents (stomach contents coming up your throat and going down into your lungs)
- Low blood pressure
- Some awareness during anesthesia
- Inability to ventilate (provide oxygen and remove carbon dioxide) with possible brain damage, cardiac arrest, or death

I have reviewed the above explanations and risks of anesthesia as provided to me by the Anesthesia Department at Mary Washington Hospital. I understand and consent to whichever form of anesthesia is felt best used by both my anesthesia provider and myself.

X Tiarra Fain
Patient

Date 4/18/10



C 00740

Obstetric Anesthesia Consent

FR-654-MWHC REV 1/2010

Mary Washington Healthcare

XXXFAIN MWH
TIARRA LASHAE
MRN: 832666 DOB: 01/1988
ACCT NO: 1 Age: 021



FAIN MWH
TIARRA LASHAE
MRN: 832666 DOB: 01/1988
ACCT NO: 1 Age: 021



☐ Mary Washington Hospital

☐ FASC

☐ Stafford Hospital

1. Authorization: I, Tiara Fain, authorize Dr. Uzo Chugwo and/or assistants(s) selected by him/her, to perform the following operation or procedure(s): Induction or augmentation of labor, vaginal delivery, possible Cesarean Section.
2. Explanation: The procedure has been explained to me by my doctor. I understand the procedure to be: Give medication to cause or assist labor. Vaginal delivery/possible abdominal birth (vertical or horizontal skin incision). Possible use of instruments to assist birth.
3. Additional Procedures: I consent to the doctor performing additional procedures, which may be necessary during this procedure, but which were not originally planned.
4. Anesthesia: I consent to the administration of anesthesia and analgesia for the procedure. I have been informed that there are possible complications and risks associated with anesthesia.
5. Complications/Risks: I have been informed that there are possible complications and risks associated with any procedure and have had the opportunity to discuss these with my doctor. Risks include fetal distress, long labor, infection, bleeding, damage to internal organs, injury to baby/mother.
6. Alternative Treatment: I have discussed alternatives with my doctor and agree to the proposed procedure.
7. No Guarantee: I understand that the practice of medicine and surgery is not an exact science and that no guarantee can be made concerning the results of any operation or procedure.
8. Blood/Blood Products and Allografts: I have discussed, and understand, the possible risks and benefits of, and alternative to, blood and allografts with the doctor. I understand the risks include, but are not limited to, transfusion reaction, hepatitis, and AIDS (Acquired Immune Deficiency Syndrome). Current estimates of risk of blood transfusion on reverse side. Initial the appropriate line.
- ☒ I give consent to receive blood or blood products as determined by my doctor,
☐ I do NOT want to receive blood or blood products under any circumstances. I am aware that there may be an adverse outcome, including death, due to my refusal of recommended treatment.
9. Students/Observers: I consent to the participation of students and the presence of other observers in accordance with the policies of the facility.
10. Photography: I authorize medical photography and/or videotaping, approved by my doctor.
11. Implants: I authorize my doctor to implant a prosthetic or artificial medical device if required for the procedure. I understand the risks include implant failure. When necessary, I authorize the release of my social security number to the Federal Drug Administration (FDA) or the manufacturer.
12. Removal of Body Material: I agree that the hospital may examine and dispose of or use for educational or research purposes any tissues, organs or body parts, removed during the procedure.
- A parent/legal guardian must sign for minors. Surrogate decision-maker must sign for those physically or mentally incapable of making an informed decision. If patient is unable to sign or is a minor, complete A or B:
- A. Patient is a minor _____ years of age.
- B. Patient is unable to sign because _____
- I have been given the opportunity to ask questions and I have had time to consider the information given to me by my doctor. I have read this form or have had it read to me and understand the contents. I understand the benefits, the alternatives, and the risks and I agree to proceed.

Tiara Fain
Patient/Responsible Party

Self
Relationship

4/18/10
Date

[Signature]
Witness

4/18/10
Date

Physician Declaration: I have explained the proposed procedure to the patient, and my knowledge, I believe the patient has been adequately informed, and has consented.

to the best of
MWH

XXXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: 20041181

DOB: [REDACTED] 88
Age: 021

Physician's Signature

Date/Time



C 00625



Mary Washington Healthcare

Induction of Labor, Vaginal Delivery, Possible Cesarean
Section Consent

FR-1181-MWHC Rev. 1/2010

TIARRA LASHAE
MRN: 832668
ACCT NO: 20041181
Age: 021

EXHIBIT 1



Mary Washington Healthcare

DEPARTMENT OF PATHOLOGY • FREDERICKSBURG, VA 22401

Current Estimates of Risks of Blood Transfusion in the USA

Adverse Reaction	Estimated Risk per Unit of Blood Component Transfused
Immediate/Immunological	1 : 6,000 – 1 : 20,000
Hemolytic, Non-fatal	1 : 100,000 – 1 : 600,000
Hemolytic, Fatal	<1 – 1 : 100
Febrile Non-hemolytic	1 – 3 : 100
Minor Allergic (urticaria)	1 : 20,000 – 1 : 50,000
Acute Lung Injury (TRALI)	1 : 5,000 – 1 : 190,000
Immediate/Non-Immunological	
Circulatory Overload	<1%
Septic Shock (Platelets)	1 : 75,000
Delayed/Infectious	
Hepatitis A	<1 : 1,000,000
Hepatitis B	1 : 220,000
Hepatitis C	1 : 1,800,000
HIV -1, -2	1 : 2,300,000
HTLV - I/II	1 : 2,993,000
Yersinia enterocolitica	
Platelets	
Septic	1 : 75,000
Fatal	1 : 500,00
RBC's	
Septic	1 : 500,000
Fatal	1 : 1 : 10,000,000
Malaria	1 : 4,000,000
Chagas' Disease	1 : 1,000,000
Parvovirus B19	1 : 20,000 – 1 : 50,000
Babesia spp.	1 : 1,800
CJD – Creutzfeldt-Jakob Disease	Rare
West Nile Virus	Rare

Ref: AABB Tech Manual 16th Edition
 DOCBB-001, Version 2, October 20, 2005

EXHIBIT 1

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, Tiarra Fain, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

XXXFAIN, TIARRA LASHAE

(FULL PRINTED NAME OF CLIENT)

304 CROSSRIDGE CT STAFFORD VA 22554

(CLIENT'S ADDRESS)

05/29/1968

(CLIENT'S BIRTHDATE)

(CLIENT'S SSN - OPTIONAL)

My relationship to the client is: ☒ Self ☐ Parent ☐ Power-of-Attorney ☐ Guardian
☐ Other Legally Authorized Representative

I want the following confidential information (except drug or alcohol abuse diagnoses or treatment information) about the client to be exchanged:

YES	NO		YES	NO		YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Benefits/Services Needed, Planned, and/or Received	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Criminal Justice Records
<input type="checkbox"/>	<input checked="" type="checkbox"/>	All of the Above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employment Records
					Other: _____			Other: _____

I want Mary Washington Hospital- Care Management Department - 1001 Sam Perry Blvd. Fredericksburg, VA 22401
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following other agencies to be able to exchange this information:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	Area Agencies on Aging	<input type="checkbox"/>	<input type="checkbox"/>	Community Services Board
<input type="checkbox"/>	<input type="checkbox"/>	Home Health Agencies	<input type="checkbox"/>	<input type="checkbox"/>	DMHMESAS	<input type="checkbox"/>	<input type="checkbox"/>	Hospice
<input type="checkbox"/>	<input type="checkbox"/>	Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals
<input type="checkbox"/>	<input type="checkbox"/>	Dept. of Medical Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: <u>Taja Hill</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: <u>Messiah Hill</u>

(2) EM 105-2101 (1) 102-255-1329

I want this information to be exchanged ONLY for the following purpose(s):

☒ Service Coordination and Treatment Planning ☐ Eligibility Determination ☐ Other: _____

I want this information to be shared by the following means: (Check all that apply)

☒ Written Information ☒ In Meetings or By Phone ☒ Computerized Data ☒ Fax Release

I want to share additional information received after this consent is signed: ☒ Yes ☐ No

This consent is good until: ☐ My service case is closed. ☐ Other: _____

error
04/19/2010-2011 (RM)

XXXFAIN
TIARRA LASHAE
MRN: 832668
ACCT NO: _____
DOB: 05/29/1968
Age: 021
MWH

EXHIBIT 1

CONSENT TO EXCHANGE INFORMATION : SIDE 2**DECLARATION OF CONSENT**

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I as, each agency will show me this information. I want all the agencies to accept a copy of this form as a consent to share information.

If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.

Signature(s): *Tiarra Fain* Date: 04/19/2010
(CONSENTING PERSON OR PERSONS)

Person Explaining Form: *Rhianna Mathias* *case Manager* *510-741-1173*
(Name) (Title) (Phone Number)

Witness (If Required): _____
(Signature) (Address) (Phone Number)

Full Printed Name of Client: _____

FOR AGENCY USE ONLY**CONSENT HAS BEEN:**

- ☐ Revoked in entirety
☐ Partially revoked as follows:

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

- ☐ Letter (Attach Copy) ☐ Telephone ☐ In Person

DATE REQUESTED RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS AND TELEPHONE NUMBER)

XXXXFAIN
TIARRA LASHAE
MRN: 832686
ACCT NO: *510-741-1173*

DOB: *1988*
Age: 021

MWH

EXHIBIT 1

Admission Date: _____ Discharge Date: 4/20/10 Inpatient Physician _____
Follow Up Care: Please call Dr. Patel office for an appointment 10 day(s) 1 week(s) / month(s)
Follow Up Appointment scheduled for: _____ Date _____ Time _____
Other Appointments: _____

Weight Monitoring: ☐ Yes ☐ No (Bring Weight record to all follow-up appointments.) Activity: _____

Diet: Regular Food - Drug Interactions Instructions Given: ☐ Yes ☐ No

Notify physician if the following symptoms occur: _____

Treatment/Special Instructions: Call for heart warning signs, severe abd pain, nausea, vomiting,
diarrhea, 7/10/10

Instruction sheet for _____ ☐ Heart Failure Education Packet given to patient

Home Health Agency: _____ Phone Number: _____
Medical Equipment: _____ pt may use epsom salt for sitz bath
(epsom salt from hospital)

Intravenous Access: ☐ Yes (Specify home referral) ☐ No

I have received Healthy Habits for Healthy Living.* If you use tobacco products, we advise you to quit. Children and adults should also avoid second hand smoke. Not using tobacco products is important in maintaining good health and the good health of others.

I understand these instructions and have received the attached list of medications.

Signature of Patient/Responsible Person

Discharge Nurse/Title

Completed by Physician

Date

☐ Faxed to: (circle) Healthlink Home Health

If next provider is known:

Copy of Discharge Instructions Pages 1 & 2 Faxed to Dr. CUORO on 4/20/10
by J (initials)

☐ Next Provider Unknown

Healthy Habits for Healthy Living contains information for Heart Failure/Stroke patients on activity, diet, notifying physician for worsening symptoms, daily weight monitoring, tobacco/smoking advice, medications, physician follow-up, personal risk factors, warning signs and activation of EMS for stroke.



DD1150

Discharge Instruction

FR-247-MWH Rev 1/2010

Top Copy: Ps

XXXFAIN

TIARRA LASHAE

MRN: 832666

ACCT NO: 282 604 1124

DOB: 0988

Age: 021

EXHIBIT 1

RAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 282 604 1124
DOB: 0988
Age: 021

MWH

- If you have other medications at home that are not included in this list, discuss this with your doctor.
- Some medicines you were taking prior to admission may have been changed.
- Contact your doctor with any questions about your medications.
- Take this list with you to your doctor's office visits, your pharmacy and the hospital when admitted. This will assist your healthcare team in giving you the best care.

☒ Home medications have been reconciled.

DISCHARGE DATE: _____

[illegible]

Discharge Instruction
FR-247-MWM Rev 1/2010
Top Copy: Patient

XXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2 [REDACTED]
Age: 021
EXHIBIT 1

FAIN: [REDACTED] MWH
TIARRA LASHAE
MRN: 832666 DOB: [REDACTED] 1988
ACCT NO: [REDACTED] Age: 021

- ☐ AMA Discharged against medical advice
- ☐ ARS Home with Home Health Services
- To home with Home Health PT/OT/ST/Nsg
 - To Assisted Living / Home for Adults with Home Health
 - To home with IV Infusion Services
- ☐ ATB To Correctional Facility
- ☐ ATC To Critical Access Hospital
- ☐ ATE To SNF Nursing Home
- From private residence, discharged to SNF bed
 - From ICF bed, discharged to SNF bed
 - From HFA or AL, discharged to SNF bed
 - Back to SNF for skilled care related to current inpatient condition
 - Back to SNF for continuation of previous SNF care
- ☐ ATI To ICF Nursing Home
- From private residence, discharged to ICF NH
 - From private residence, discharged to Assisted Living
- ☐ AHH Home with Hospice Care
- Discharged to private residence with Hospice
 - Discharged to Adult Home with Hospice
 - From ICF bed to ICF with Hospice
- ☐ ATN To Federal Hospital
- (i.e.) Veterans Hospital
- ☐ ATP To Psychiatric Facility
- (i.e.) Snowden
- ☐ ATX To Acute Rehab Facility
- (i.e.) Sheltering Arms
- ☐ AHG To Hospice Facility
- Discharged from Acute Level to Inpatient Hospice Same Facility
 - Discharged to Inpatient Hospice Facility
- ☐ AHR Home with no services
- From Private residence, discharged to home without Home Health
 - From Adult Home, discharged to Adult Home
 - From ICF bed back to ICF bed
 - From private residence discharged to Adult Home
- ☐ ATY Discharge / Transfer to Long Term Care Hospital
- ☐ DBN Hospice Care-Expired in Medical Facility

Josephine Brown / Childs
Case Manager / Nurse Signature

Debra L. Huc
Health Unit Coordinator Signature



Discharge Disposition

FR-108-MWHC Rev. 1/2010

XXXFAIN

TIARRA LASHAE

MRN: 832666

ACCT NO:

DOB: 01/19/88

Age: 021

EXHIBIT 1

MWH

FAIN: 01/19/88
TIARRA LASHAE
MRN: 832666
ACCT NO: 00000001
DOB: 01/19/88
Age: 021

MWH

Date: 4/20/2010

I, Messiah Hill 19 Evergreen Lane (Printed Name and Address)

or we, _____ (Printed Names and Address)

have this date received from Mary Washington Hospital / Stafford Hospital Center (circle one),

baby BOY [REDACTED] (Sex and Hospital number)

born to [REDACTED] (Mother's Hospital number)

at Mary Washington Hospital / Stafford Hospital Center (circle one) on

4/18/10 (date) at 19:47 (time) as authorized in legal documents
presented this date.

Signature(s): M Hill

Address: [REDACTED]
22554

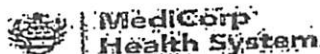
Witness Signature: Janice Childs

Witness Printed Name: Janice Childs

Witness Address: [REDACTED]
[REDACTED]

I, as representative of MediCorp Health System, hereby state that I have viewed the legal documents and identification authorizing discharge of the above baby to the person or persons whose signature(s) appear above.

Case Manager/Nursing Supervisor signature: Jhanna Mathias, case manager



Adoption Receiving of Infant/Minor Form

RR-1230-MHS Rev 10/2008
White Copy - Baby's Medical Record, Second Copy - Mother's Medical Record, Third
Copy - Adoption Agency/Attorney

XXXXFAIN
TIARRA LASHAE
MRN 832668
ACCT NO: [REDACTED]
DOB: [REDACTED] 38
Age: 021

MWH:



EXHIBIT 1

Mary Washington
Coding Summary

Print Date: 4/26/2010 5:55:58AM

Patient Name: SMITH, ANNA L		Billing Number: 2036941181		MRN: 632886	
Date of Birth: [REDACTED]	Sex: FEMALE	SSN: [REDACTED]			
Age at Admit: 21 years	Race: BLACK OR AFRICAN AMERICAN	LOS: 2			
Admit Date/Time: 04/18/2010 0533	Disch Date/Time: 04/20/2010 1430	Total Charges:			
Attend Phys: 00013748 Uzochukwu, Chizoba	Financial Class: K Medicaid				
Patient Type: I INPATIENT	Payor 1: K88 MEDICAID HLTHCPRS P				
Det Pt Type: F Womens and Childrens	Payor 2:				
Disch Service: OBS OBSTETRICS	Payor 3:				
Admit Dx: V22.1 Supervis oth normal preg	Discharge Status: AHR Discharge Home				

DRG	Description	MDC	Weight	GMLOS	ALOS	Expected Reim	Coder ID	Coded Date	Final Date
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	014	0.3330		2.00	\$1,186	bpm3074	04/26/2010	04/26/2010

Seq	POA	Diagnosis	Description
1	Y	658.61	Excessive fetal growth, affecting management of mother, delivered
2	Y	659.71	Abnormally in fetal heart rate/rhythm, delivered
3	E	V27.0	Mother with single liveborn

Seq/Ep	Procedure	Modifiers	Start	End	Provider	Role
1 1	73.59		04/18/2010		00013748 Uzochukwu, Chizoba	S
2 2	73.01		04/18/2010		00013748 Uzochukwu, Chizoba	S

Consult Performed By: **<None>**

* This diagnosis was determined to be a Hospital Acquired Condition (HAC) by the 3M Coding and Reimbursement System.
This data is available if the interface option to include HAC data is enabled.



M. Washington Thcare
1001 Sam Perry Blvd
Fredericksburg, VA 22401
Print Date & Time: 4/18/2010 20:57
Printed by: Victoria Duff RN

XXXFAIN, TIAR LASHAE
MR#: 83266
Patient ID: 2036941181
DOB: 5/18/1988
Attending: UZDCHUKWU CHIZOBA
Room Number: 3067-M
Age: 21 3109

VVESTS Hospital Worksheet For Birth Certificate

PLEASE READ BEFORE COMPLETING THIS FORM

Parts 1,2,3,4 and 5 of this form are to be completed for the preparation of your child's birth certificate. Please read each question carefully and provide truthful and accurate information. The required information requested is for the child and the parents of the child. Any person who provides false information for the preparation of the birth certificate is guilty of a Class 4 felony, Virginia Code 31.1-276)

Note: If an asterisk (*) appears before the number the Birth Registrar will complete or assist you with the information.

Part 1 Child's name as it should appear on the birth certificate	First <u>Jahsiah</u> Middle <u>James Andrew</u> Last <u>Hill</u> Suffix _____ (Jr, I, II, ETC.)
Part 2 Mother's Information Note: Maiden name is the mother's name at birth. If her name was changed due to court order or adoption, please list that name.	1. Full Legal Current Name <u>Naria</u> <u>Lashae</u> <u>Fain</u> (FIRST) (MIDDLE) (PRESENT LAST) 2. Legal Maiden Name _____ (FIRST) (MIDDLE) (MAIDEN) 3. Type of Personal Identification Number (PIN) <u>[REDACTED]</u> 4. PIN _____ (USUALLY SSN) (NUMBER) 5. Race <u>Black</u> 5A. Hispanic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5B. If yes, specify origin _____ (BLACK, WHITE, HAWAIIAN, KOREAN, ETC.) (CUBAN, MEXICAN, PUERTO RICAN, ETC.) 6. Date of Birth <u>[REDACTED]</u> 1988 7. Place of Birth <u>Columbus, Ohio</u> (STATE OR COUNTRY)
Part 3 Mother's Pregnancy Information Note: Completing the Acknowledgement of Paternity form adds the father's name to the birth certificate of a child that is born to an unmarried mother.	8. Were you married 10 months preceding child's birth? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. If not married, Is father willing to sign an acknowledgement of paternity? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. Number in this delivery <u>Single</u> **11. Mother's Medical Record <u>832666</u> (SINGLE, TWIN, TRIPLET, ETC.) 12. Month prenatal care began <u>20th</u> 12a. Date of first prenatal visit <u>Nov 14 09</u> (IF NONE SKIP TO #16) (1ST, 2ND, 3RD, ETC.) (MONTH) (DATE) (YEAR) 12b. Date of last prenatal visit <u>4 15 10</u> 13. Number of prenatal visits <u>4+</u> (MONTH) (DATE) (YEAR) (1,2,3 ETC.) 14. Source of prenatal care (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Private Phys. <input type="checkbox"/> Health Dept <input type="checkbox"/> Unknown <input type="checkbox"/> _____ (OTHER, SPECIFY) 15. Main payment source for delivery <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Self Pay <input type="checkbox"/> _____ (OTHER, SPECIFY) 16. Date of last menses <u>Unknown</u> 17. No. of Cigarettes per day <u>0</u> 18. No. of Drinks per day <u>0</u> (MONTH) (DATE) (YEAR) 19. Mother's education (HIGHEST GRADE COMPLETED) Elem/Secondary (0-12) _____ College (1-4 or 5+) <u>1+</u> 20. Father's education (HIGHEST GRADE COMPLETED) Elem/Secondary (0-12) _____ College (1-4 or 5+) <u>1+</u> 21. Informant's Relationship to child <u>Mother</u> 22. Mother's weight gain <u>15lbs.</u> (MOTHER, FATHER, GRANDPARENT, ETC.) 23. Mother transferred prior to delivery <u>N/A</u> (FACILITY TRANSFERRED FROM) 24. Willing to participate in VA Immunization Registry Program? <input type="checkbox"/> YES <input type="checkbox"/> NO 25. Received WIC food <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 26. Prepregnancy weight <u>160</u> kg 26a. Weight at delivery <u>175</u> 26b. Mother's height <u>66.0</u> in 27. Mother's address <u>[REDACTED]</u> <u>Stafford VA 22554</u> (APT/HOUSE NO.) (STREET ADDRESS OR ROUTE NO.) (CITY/TOWN) (STATE/COUNTRY) (ZIPCODE) 27a. County of Residence <u>Stafford</u> (IF INDEPENDENT CITY, LEAVE BLANK)

EXHIBIT 1

Ma. Washington Healthcare

1001 Sam Perry Blvd
Fredericksburg, VA 22401

Print Date & Time: 4/18/2010 20:57
Printed by: Victoria Duff RN

XXXXFAIN, TIAP LASHAE

MR#: 832666
Patient ID: 2036941181
DOB: 5/18/1988
Attending: UZOCHUKWU CHIZOBA

Room Number
3067-M

Age 21

**VVESTS Hospital Worksheet For
Birth Certificate**

Child's Name: _____
Child's MRN: _____

Part 4

**Father's
Information**

Note: Only complete if the mother is married or the mother is unmarried and she and the biological father are completing the Acknowledgement of Paternity form.

28. Father's Full Name Messiah Anthony Hill 28b. Suffix _____
(FIRST) (MIDDLE) (LAST) (SR, JR, I, II, ETC.)
29. Father's date of birth 1988
(MONTH) (DATE) (YEAR)
30. Father's Personal Identification Number (PIN) Type 123456789 31. PIN _____
(Usually SSN or DMV, ALIEN, PASSPORT, ETC.) (NUMBER)
32. Race Black 32A. Hispanic? ☐ YES ☒ NO 32B. If yes, specify origin _____
(BLACK, WHITE, HAWAIIAN, KOREAN, ETC.) (CUBAN, MEXICAN, PUERTO RICAN, ETC.)
33. Father's Place of Birth Queens, NY
(STATE OR FOREIGN COUNTRY)
34. Father's Address 1234567890
(APT/HOUSE NO.) (STREET ADDRESS OR ROUTE NO.) (CITY/TOWN) (STATE/COUNTRY) (ZIP CODE)
34a. County of residence Stafford
(IF INDEPENDENT CITY, LEAVE BLANK)
****REFUSED TO PROVIDE HUSBAND'S INFORMATION? ☐ YES ☒ NO

Part 5

**Child's
Registration**

Note: Live births are the number of live children to the mother delivered before this child's birth.

35. Place of birth ☒ Hospital ☐ Other _____ (SPECIFY LOCATION)
36. Address of birth if not hospital _____
(APT/HOUSE NO.) (STREET ADDRESS OR ROUTE NO.) (CITY/TOWN) (STATE/COUNTRY) (ZIP CODE)
37. Date of birth / **38. Time of birth 04/18/10 19:47 EDT
39. Child's gender Male 40. If not a single birth order of this child _____
(1ST, 2ND, 3RD, ETC.)
41. Child's birth weight 4337 Grams **42. Physician's estimated gestation 39.4
43. Live births a. Now living 1 b. Now dead 0 c. Date of last live birth 12 17 06
(MONTH) (DATE) (YEAR)
44. Number of terminations (Spontaneous and induced) 3 44a. Date of last termination 2009
(MONTH) (DATE) (YEAR)
**45. Apgar (1-10) 1 Minute 9 5 Minute 9 **46. Child's medical record _____
47. Is this child being breastfed at discharge? ☐ YES ☒ NO 47. Is the child for adoption? ☐ YES ☒ NO
49. Did child live? ☒ YES ☐ NO 49a. If no, date of death _____
(MONTH) (DATE) (YEAR)
50. Do you wish a social security number for this child? ☒ YES ☐ NO (IF YES, SIGNATURE IS REQUIRED BELOW)
50a. I request a social security card for this child Tiana Fair
(SIGNATURE OF MOTHER OR FATHER ONLY)
**51. Child transferred? ☐ YES ☒ NO (IF YES, FACILITY NAME) _____
**52. Attendant's name Uzochukwu **53. Attendant's title _____
(MD, CNM, MIDWIFE, ETC.)
54. Do you wish to order a certified birth certificate? ☒ YES ☐ NO If YES, a \$12.00 fee is required.
Please make check or money order payable to State Health Department. Your request will be sent to the division of Vital Records.
I certify the information provided on this form is correct and accurate Tiana Fair
(SIGNATURE OF THE INFORMANT)
4-18-10
(DATE)

EXHIBIT 1

4/20/2010
04:40 PM

MediCorp Health System
Care Management Support Services
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Mary Washington Hospital

===== ENCOUNTER / HCM DATA =====
Acct No.: [REDACTED] Patient Name: XXXEAIN, TIARRA LASHAE Age: 21Y DOB: [REDACTED] 1988
Start Date: 4/18/2010 Adm Phys: Uzochukwu, Chizoba D MRN: 832666
Location: Obstetrics Att Phys: Uzochukwu, Chizoba D Fac: Mary Washing
Room: 3109--M Disch Date: 4/20/2010
Enc Type: INPATIENT DTSCHA (Inpatient)

Admit Complaint: INDUCTION
Admit Review: ADMISSION REVIEW (INITIAL REVIEW)

===== PATIENT SUPPORT =====
Date Entered: 4/20/2010 Type of Support: Incarcerated Patient Worklist Date: 4/20/2010
Services: _____
Time: _____ Freq: _____ Referral Status: _____
Payer: MEDICAID TRIG HLTHKPRS
Service Region: _____
Agency: _____
Case Worker: Mathias, Rhianna Case Hours: _____ Completed: Y

Comments: 4/20/2010 1300
CM met with pt at bedside; pt confirmed that she still intended for baby to be discharged to FOB Messiah Hill. CM met with Messiah Hill and paternal grandmother Taja Hill. Mr. Hill stated that he has scheduled a pediatric s/u appt with Dr. Bradshaw. CM completed Receiving of Infant form with Mr. Hill. Copies were made of his photo id. Janice RN completed bottom portion of Consent for Release of Minor form. Janice RN provided discharge instruction to Mr. Hill.

Plan:
Mother discharged to correctional facility.
Baby discharged to FOB Messiah Hill.

Rhianna Mathias, BSW
x11173



Date Entered: 4/19/2010 Type of Support: Incarcerated Patient Worklist Date: 4/19/2010
Services: _____
Time: _____ Freq: _____ Referral Status: _____
Payer: MEDICAID TRIG HLTHKPRS
Service Region: _____
Agency: _____
Case Worker: Mathias, Rhianna Case Hours: _____ Completed: Y

Comments: 4/18/2010: Inmate. mtr

4/19/2010 0845
Pt is a 21yo G4P2 s/p vaginal delivery of 4337g male infant at 39.4 weeks gestation, apgars 9/9. CM received consult for incarcerated patient.

CM received phone call from RRJ case worker Carolyn Wilson, who explained that pt intended for baby to be discharged to



PAGE 1

4/19/2010

10:23 AM

MediCorp Health System
Care Management Support Services
CONFIDENTIAL PATIENT INFORMATION

For Facility: Mary Washington Hospital

ENCOUNTER / HCM DATA

Acct No: [REDACTED] Patient Name: XXXFAIN, TIARRA LASHAE Age: 21Y DOB: [REDACTED] 988
Start Date: 4/18/2010 Adm Phys: Uzochukwu, Chizoba D MRN: 832666
Location: Obstetrics Att Phys: Uzochukwu, Chizoba D Fac: Mary Washing
Room: 3109--M Disch Date:
Enc Type: INPATIENT ACTIVE (Inpatient)

Admit Complaint: INDUCTION

Admit Review: ADMISSION REVIEW (INITIAL REVIEW)

PATIENT SUPPORT

Date Entered: 4/19/2010 Type of Support: Incarcerated Patient Worklist Date: 4/19/2010
Services: Time: Freq: Referral Status: PAGE 1
Payer: MEDICAID TRIG HLTHKPRS
Service Region:
Agency:
Case Worker: Mathias, Rhianna Case Hours: Completed: Y

Comments: 4/18/2010: Inmate. mtr

4/19/2010 0845

Pt is a 21yo G4P2 s/p vaginal delivery of 4337g male infant at 39.4 weeks gestation, apgars 9/9. CM received consult for incarcerated patient.

DOB: 5/18/1988

MRN: 832666

Fac: Mary Washing

CM received phone call from RRJ case worker Carolyn Wilson, who explained that pt intended for baby to be discharged to her mother, Latonya Walker (540-628-1223). Per Ms. Wilson, pt completed temporary custody/guardianship paperwork

However, CM met with pt at bedside; mother observed breastfeeding and bonding with baby. Pt states that she wishes for baby to discharge to bio father, Messiah Hill. Pt provided CM with notarized temporary guardianship paperwork. CM discussed discharge process for babies of incarcerated mothers. CM had pt sign Consent to Exchange information form, permitting CM to contact Messiah Hill to alert him of baby's birth a coordinate baby's discharge. Temporary guardianship paperwork also notes that Taja Hill, paternal grandmother, has guardianship as well. Pt states that she wishes for CM to contact Messiah Hill first and only use Taja Hill as a last resort. Pt signed Consent for Release of Minor form consenting for baby's discharge to Messiah Hill. Plan is for patient to discharge tomorrow 4/20 around 1200. Pt states her release date is 5/3/2010.

At pt's request, CM contacted Messiah Hill and informed him of baby's birth. Mr. Hill stated that he intends to arrive at MWH w/in next half hour to visit with baby. CM advised that FOB will have to visit with baby in the nursery, as pt is incarcerated and cannot have visitors in her room. CM advised Mr. Hill that baby is anticipated to be cleared for discharge tomorrow, and Mr. Hill confirmed that he will be.

EXHIBIT 1

4/19/2010
10:23 AMMediCorp Health System
Care Management Support Services
CONFIDENTIAL PATIENT INFORMATION

PAGE 2.

For Facility: Mary Washington Hospital

Acct No.: [REDACTED]
Facility: Mary Washington Hospital

Patient Name: XXXFAIN, TIARRA LASHAE

Age: 21Y DOB: [REDACTED] 1986

===== PATIENT SUPPORT (continued) =====

available and present for baby's discharge. CM f/u with Summer RN in WBN who agreed that FOB can visit in nursery with baby when he arrives. CM informed Melissa F. RN of the above as well.

CM contacted by Kelly from Lactation, who inquired if pt would be permitted to pump breastmilk while incarcerated. CM contacted RRJ case worker Carolyn Wilson and inquired about possibility for inmate to pump breastmilk; CM strongly advocated for pt to be able to pump, especially because her release date is so near. Per Ms. Wilson, pt is permitted to only have a hand pump and cannot keep the milk and can only pump with the purpose of maintaining a milk supply. CM advised Kelly of Lactation of this information.

Plan:

- 1) Mother to discharge to Rappahannock Regional Jail on 4/20.
- 2) Baby to discharge to bio father, Messiah Hill, when cleared for discharge, anticipated 4/20.
- 3) CM to coordinate baby's discharge and complete Adoption Receiving of Infant form with father at discharge.

Rhianna Mathias, BSW
x11173*Rhianna Mathias*

===== SUPPORT SERIES USER FIELDS =====

Contact 1 Name:
Contact 1 Relationship to Pt.:
Contact 1 Phone No.:
Contact 1 Information:
Contact 2 Name:
Contact 2 Relationship to Pt.:
Contact 2 Phone No.:
Contact 2 Information:
Contact 3 Name:
Contact 3 Relationship to Pt.:
Contact 3 Phone No.:
Contact 3 Information:
COMMENTS:

ACKNOWLEDGMENT OF PATERNITY

Virginia Department of Health/Division of Vital Records
(32.1-257, 32.1-261 or 32.1-269, Code of Virginia)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out-of-wedlock, both biological (natural) parents must complete and sign this statement before a notary public.

PART I - CHILD

1. Full Name at Birth : JAHSIAH JAMES ANDREW HILL
2. Gender : MALE 3. Date of Birth : April 18, 2010
4. Place of Birth : FREDERICKSBURG 5. Birth Certificate Number : _____

PART II - BIOLOGICAL MOTHER OF CHILD

6. Full Maiden Name : TIARRA LASHAE FAIN
7. Present Name : TIARRA LASHAE FAIN
8. Date of Birth : 1988
9. Place of Birth (State or Foreign Country) : Ohio
10. Social Security Number : _____ 11. Race or Color : BLACK

PART III - BIOLOGICAL FATHER OF CHILD

(NOTE: Items 17, 18, 19 concern the father at the time of the child's birth)

12. Full Name : MESSIAH ANTHONY HILL
13. Date of Birth : 1988
14. Place of Birth (State or Foreign Country) : New York
15. Social Security Number : _____ 16. Race or Color : BLACK
17. Highest Level of Education Completed : 1 YEAR OF COLLEGE

PART IV - BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, you must complete this section and enclose a certified copy of your marriage record)

18. Place of Marriage : _____ 19. Date of Marriage : _____
(City/County and State, or Foreign Country)

PART V- RIGHTS AND RESPONSIBILITIES STATEMENT

Rights and Responsibilities of the Father

1. I understand that my signature on the Acknowledgment of Paternity form establishes that I am the natural father of the named child for legal purposes.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form.
 - A. Seek the advice or representation of legal counsel
 - B. Request that blood tests be taken.
 - C. Have the matter of paternity determined by the court
3. I understand I will have the responsibility to provide support for my child.
4. I understand I will be responsible to pay such support until the child turns 18 years of age or beyond if required by law.
5. I understand after paternity is established, I have the right to request visitation with and custody of the child. Custody and visitation are decided in legal actions separate from the issues of paternity and child support.
6. I understand the Acknowledgment of Paternity may be used in any legal proceeding regarding my child.
7. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
8. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

EXHIBIT 1

Rights and Responsibilities of the Mother

1. I understand that my signature on the Acknowledgment of Paternity form means that I swear that I am the mother of the named child and that the person signing as the father is the biological father of the child.
2. I sign the Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed upon me to sign. I understand I may take the following actions instead of signing this form.
 - A. Seek the advice or representation of legal counsel
 - B. Request that blood tests be taken
 - C. Have the matter of paternity determined by the court
3. I understand after paternity is established, the father has the right to request visitation with and custody of the child. Custody and visitation are decided in legal actions separate from the issues of paternity and child support.
4. I understand I have the right to talk to a staff person to clarify information on this statement and to ask any questions I have.
5. I understand I have the right to rescind this acknowledgment within sixty days from the date of signing unless an administrative or judicial proceeding involving this child has taken place earlier.

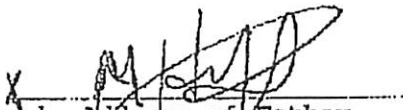

PART VI - PARENTS' ACKNOWLEDGMENT (THIS ITEM MUST BE COMPLETED)

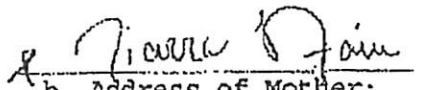

20. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read and have been provided with an oral description of the rights and responsibilities statement provided in Part V of this document, and we request that the father's information be shown on this child's birth certificate and that the child's name be listed on the birth certificate as shown below.

Child's Name : JAHSLAH JAMES ANDREW HILL

21a. Signature of Father:

22a. Signature of Mother:

X 
b. Address of Father:
1 
STAFFORD VA 22554

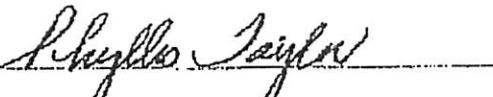
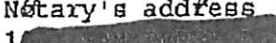
X 
b. Address of Mother:
1 
STAFFORD VA 22554

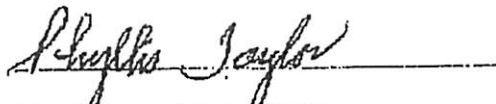

23. Subscribed and sworn before me on: 4/19/10

24. Subscribed and sworn before me on: 4/19/10

25. Notary's signature :

26. Notary's signature :


27. Notary's address :
1 
FREDERICKSBURG VA 22401

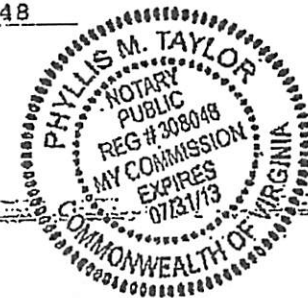
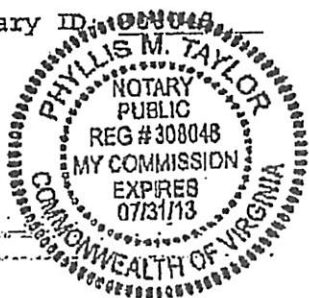

28. Notary's address :
1 
FREDERICKSBURG VA 22401

29. My commission expires: 07/31/2013

30. My commission expires: 07/31/2013

31. Notary ID: 308048

32. Notary ID: 308048



DATE 12/21/09
 NAME Fain Tiarra
 LAST FIRST MIDDLE
 ID# _____ HOSPITAL OF DELIVERY MWH
 NEWBORN'S PHYSICIAN _____ REFERRED BY _____

Home # _____
 Work # _____
 Cell # 540 408-1176

FINAL EDD		PRIMARY PROVIDER/GROUP									
BIRTH DATE MONTH DAY YEAR <u>5/19/88</u>	AGE <u>21</u>	RACE <u>AA</u>	MARITAL STATUS <u>SM W D SEP</u>								
OCCUPATION <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> OUTSIDE WORK <input type="checkbox"/> STUDENT		EDUCATION (LAST GRADE COMPLETED)									
HUSBAND/FATHER OF BABY <u>Messiah Fain</u>		ADDRESS: <u>1210 Elliss Ave</u> <u>Red, VA 22401</u>									
Type of Work		INSURANCE CARRIER/MEDICAID # <u>Medicaid</u>									
EMERGENCY CONTACT		PHONE:									
TOTAL PREG	FULL TERM	PREMATURE	ABORTED								
AD. SPONTANEOUS		ECTOPIC									
MULTIPLE BIRTHS		LIVING									
MENSTRUAL HISTORY											
LMP <input type="checkbox"/> DEFINITE <input type="checkbox"/> APPROXIMATE (MONTH KNOWN) MENSES MONTHLY <input type="checkbox"/> YES <input type="checkbox"/> NO FREQUENCY: <u>0</u> DAYS MENARCHE: _____ (AGE ONSET) <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL AMOUNT/DURATION PRIOR MENSES <u>4/11/09</u> ON BCP AT CONCEPT. <input type="checkbox"/> YES <input type="checkbox"/> NO HCG + <u>1</u> / <u>1</u> / <u>1</u> <input type="checkbox"/> FINAL											
PAST PREGNANCIES (LAST SIX)											
DATE MONTH / YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS / COMPLICATIONS		
<u>09/19</u>	<u>20</u>				<u>induced</u>						
<u>12/17/08</u>	<u>38</u>		<u>9#</u>	<u>M</u>	<u>NUVD</u>	<u>4#</u>	<u>MWH</u>		<u>induced</u>		
PAST MEDICAL HISTORY											
		O Neg + Pos.		DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT				O Neg + Pos.		DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT	
1. DIABETES						16. S (RH) SENSITIZED					
2. HYPERTENSION						17. PULMONARY (IB, <u>ASTHMA</u>)		(+) (F)		allergy induced ACN	
3. HEART DISEASE						18. ALLERGIES (DRUGS)		(F)			
4. AUTOIMMUNE DISORDER						19. BREAST		(C)			
5. KIDNEY DISEASE / UTI						20. GYN SURGERY					
6. NEUROLOGICAL/EPID						21. OPERATIONS / HOSPITALIZATIONS (YEAR & REASON)					
7. PSYCHIATRIC						22. ANESTHETIC COMPLICATIONS		(F)		epidural w/ post delivery unconsciousness	
8. HEPATITIS / LIVER DISEASE						23. HISTORY OF ABNORMAL PAP		(F)		egm, brain tumor, DM II	
9. VARICOSES / PILES						24. UTERINE ANOMALY/VOSS				mgm. DM II	
10. THYROID DYSFUNCTION						25. INFERTILITY					
11. TRAUMA/DOMESTIC VIOLENCE						26. RELEVANT FAMILY HISTORY		(F)			
12. HISTORY OF BLOOD TRANSFUS.						27. OTHER					
13. TOBACCO		AM/DAY PREPREG		AM/DAY PREG		YEARS USA					
14. ALCOHOL <u>prior to pregnancy</u>											
15. STREET DRUGS											

COMMENTS:

The American College of Obstetricians and Gynecologists

XXXXFAIN
 TIARRA LASHAE

MWH

Age: 021

EXHIBIT 1

FAIN
 TIARRA LASHAE
 MRN: 832666
 ACCT NO: _____

DOB: _____ 988
 Age: 021

MWH

ACOG ANEPARTUM RECORD (FORM A)

Mar 26 2013 12:05PM CENTRAL VA OBGIN NS

540657271

P.2

SYMPTOMS SINCE LMP

Home # _____

Work # _____

Cell # 640 408-1176*Tiara, Sierra*

GENETIC SCREENING/TERATOLOGY COUNSELING INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:			
	YES	NO	
1. PATIENT'S AGE ≥ 35 YEARS		<input checked="" type="radio"/>	12. MENTAL RETARDATION (AUTISM)
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); HCV < 80		<input checked="" type="radio"/>	IF YES, WAS PERSON TESTED FOR FRAGILE X?
3. NEURAL TUBE DEFECT (MENINGOCELE, SPINA BIFIDA, OR ANENCEPHALY)		<input checked="" type="radio"/>	13. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER
4. CONGENITAL HEART DEFECT		<input checked="" type="radio"/>	14. MATERNAL METABOLIC DISORDER (EG, INSULIN-DEPENDENT DIABETES, PKU)
5. DOWN SYNDROME		<input checked="" type="radio"/>	15. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE
6. TAY-SACHS (EG, JEWISH, CAJON, FRENCH CANADIAN)		<input checked="" type="radio"/>	16. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH
7. SICKLE CELL DISEASE OR TRAIT (AFRICAN)		<input checked="" type="radio"/>	17. MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD
8. HEMOPHILIA		<input checked="" type="radio"/>	IF YES, AGENT(S):
9. MUSCULAR DYSTROPHY		<input checked="" type="radio"/>	18. ANY OTHER
10. CYSTIC FIBROSIS		<input checked="" type="radio"/>	
11. HUNTINGTON CHOREA		<input checked="" type="radio"/>	

COMMENTS/COUNSELING: *mdo (mpu) cca → autism*

INFECTION HISTORY	YES	NO		YES	NO
1. HIGH RISK HEPAITIS B (IMMUNIZED?)		<input checked="" type="radio"/>	4. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD		<input checked="" type="radio"/>
2. LIVED WITH SOMEONE WITH TB OR EXPOSED TO TB		<input checked="" type="radio"/>	5. HISTORY OF STD, GC, CHLAMYDIA, HFV, SYPHILIS		<input checked="" type="radio"/>
3. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES		<input checked="" type="radio"/>	6. OTHER (SEE COMMENTS)	<input checked="" type="radio"/>	

COMMENTS: *mdo: from 1.5 years ago → treated, Chix Pok*INTERVIEWER'S SIGNATURE *[Signature]*

INITIAL PHYSICAL EXAMINATION									
DATE	PREPREGNANCY WEIGHT				HEIGHT	BP			
1. HEENT	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	12. VULVA	<input type="checkbox"/> NORMAL	<input type="checkbox"/> CONDYLOMA	<input type="checkbox"/> LESIONS			
2. FUNDI	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	13. VAGINA	<input type="checkbox"/> NORMAL	<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> DISCHARGE			
3. TESTES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	14. CERVIX	<input type="checkbox"/> NORMAL	<input type="checkbox"/> INFLAMMATION	<input type="checkbox"/> LESIONS			
4. THYROID	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	15. UTERUS SIZE	WEEKS			<input type="checkbox"/> FIBROIDS		
5. BREASTS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	16. ADNEKA	<input type="checkbox"/> NORMAL	<input type="checkbox"/> MASS				
6. LUNGS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	17. RECTUM	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL				
7. HEART	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	18. DIAGONAL CONJUGATE	<input type="checkbox"/> REACHED	<input type="checkbox"/> NO	CM			
8. ABDOMEN	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	19. SPINES	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> PROMINENT	<input type="checkbox"/> BLUNT			
9. EXTREMITIES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	20. SACRUM	<input type="checkbox"/> CONCAVE	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/> ANTERIOR			
10. SKIN	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	21. SUBPUBIC ARCH	<input type="checkbox"/> NORMAL	<input type="checkbox"/> WIDE	<input type="checkbox"/> NARROW			
11. LYMPH NODES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	22. GYNOCOID PELVIC TYPE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

COMMENTS (PREGNANT)

MWH

TIARRA LASHAE

MRN: 832666

ACCT NO: _____

DOB: _____ 988

Age: 021

EXAM BY

XXXFAIN

TIARRA LASHAE

MRN: 832666

ACCT NO: 2 _____

MWH

Age: 021

EXHIBIT 1

ACOG ANTEPARTUM RECORD (FORM B)

NOODLE

Pharmacy & _____

ANESTHESIA CONSULT PLANNED ☐ YES ☐ NO

Sea data

PNV

Standard
12/21/09

INITIALS: CONTROLLED BY: 4/20/02

4. 30113 INITIALS BY *RAE*

4, 2012 INITIALED BY EVE

COMMENTS:

COMMENTS:

thickened aural
fold
urine c/s 11/10/10

ACOG ANEP-PAH

A182

FORUM

12/28/09 PAP, CC, calcium done AK

COMMENTS

EXHIBIT 1

NAME Fain Tiarra
LAST FIRST MIDDLE
ID # _____

Machine # _____
Work # _____
Call # 540.408.1176

Progress Notes

3/11/10 . got to have flu vls in EPA)
due to h/p 1 GA (preg)
- got under 1000 done
- got to flu quick
- got c/o D via M. inc. ✓ BPP + NSI
- all genes answered.

②

XXXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2

DOB: 05/11/88
Age: 021

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: 2

DOB: 05/11/88
Age: 021

PROVIDER SIGNATURE (AS REQUIRED) _____

The American College of Obstetricians and Gynecologists, 400 12th Street, SW, PO Box 65920, Washington, DC 20065-6920

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EXHIBIT 1

ACOG ANTEPARTUM RECORD (FORM F)

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 810.247.9100

SPECIMEN INFORMATION

SPECIMEN: RB0222872
REQUISITION: 2744480D27034
LAB REF NO:PATIENT INFORMATION
FAIN, TIARRA LDOB: [REDACTED] 1988 Age: 21
GENDER: FID: 42024
PHONE: (540) 408-1176

REPORT STATUS Final

ORDERING PHYSICIAN

PATEL, ZEENAT

CLIENT INFORMATION

274448
CENTRAL VA OB-GYN GROUP
STE 315
125 HOSPITAL CENTER BLVD
N STAFFORD, VA 22554COLLECTED: 03/18/2010 12:53
RECEIVED: 03/19/2010 00:00
REPORTED: 03/20/2010 14:12

COMMENTS: OB

Test Name

In Range

Out of Range

Reference Range

Lab

QBA

CULT, GROUP B STREP W/PROBE, AST
CULTURE, GENITAL, GRP B STREP

See Note

NEGATIVE FOR GROUP B STREPTOCOCCUS BY DNA PROBE FROM BROTH-ENHANCED
CULTURE

Performing Laboratory Information:

QBA Quest Diagnostic Incorporated 1901 Sulphur Spring Road Baltimore MD 21217 Laboratory Directors Robert B. L. Smith, M.D.

FAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: [REDACTED]
DOB: [REDACTED] 1988
Age: 021
MWHXXXFAIN
TIARRA LASHAE
MRN: 832666
ACCT NO: [REDACTED]
DOB: [REDACTED] 1988
Age: 021
MWH

FAIN, TIARRA L - RB0222872

Page 1 - End of Report

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EXHIBIT 1



Mary Washington Hospital

MediCorp

Maternal Fetal Medicine
 Tompkins-Martin Medical Plaza
 1101 Sam Perry Boulevard, Suite 319
 Fredericksburg, VA 22401
 (540) 741-3260
 Fax (540) 741-3261

Dr. RENEE CARISIO-FARBER
 CENTRAL VIRGINIA OBGYN INC
 1011 CARE WAY SUITE 200
 FREDERICKSBURG, VA 22401

Hospital No.: 000000832666
 Date of Exam: 01/13/2010
 Date of Print: 01/13/2010

Dear Dr. CARISIO-FARBER,

Thank you for referring your patient TIARRA FAIN, DOB [REDACTED]

FAIN
 TIARRA LASHAE
 MRN: 832666
 ACCT NO: 203 694-1181
 DOB: 05/18/1988
 Age: 021
 MWH

Indication: Increased nuchal thickness, size > dates, LTC.

Dating:

Stated EDC:		EDC: 04/20/2010	GA by stated EDC:	26w1d
Current Scan on:	01/13/2010	EDC: 04/20/2010	GA by current scan:	26w1d
Best Overall Assessment:	01/13/2010	EDC: 04/20/2010	Assessed GA:	26w1d

The calculation of the gestational age by current scan was based on BPD, OFD, HC, TCD, AC, FL and HUM.
 The Best Overall Assessment is based on the stated EDC.

Anatomy Scan:

Singleton gestation.

Biometry:

BPD	64.8	mm	41st%	26w1d	(25w3d to 26w6d)	(Hadlock)
HC	240.4	mm	24th%	26w1d	(24w0d to 28w1d)	(Hadlock)
AC	213.8	mm	31st%	25w6d	(25w1d to 26w4d)	(Hadlock)
FL	48.9	mm	45th%	26w3d	(24w3d to 28w4d)	(Hadlock)
OFD	86.3	mm	53rd%	26w2d		(Nicolaidas)
TCD	29.2	mm	34th%	25w4d		(HILL)
HUM	45.7	mm	68th%	26w6d		(Romero)
RAD	37.5	mm	52nd%	26w2d		(Romero)
TIB	45.3	mm	84th%	27w5d		(Romero)
FIB	41.4	mm	41st%	25w5d		(Romero)
LLV	7.1	mm				
CM	4.9	mm	12th%			(Nicolaidas)
NUCHAL FOLD	6.30	mm				
NASAL BONE	7.8	mm	n/a			(Sonak)
EFW (lbs/oz)	2 lbs	0 ozs				(Hadlock (BPD-HC-AC-FL))
EFW (g)	895 g		49th%			

Fetal heart activity: present. Fetal heart rate: 151 bpm.

Fetal presentation: Vertex.

Amniotic fluid: normal. AFI 12.3 cm.

Cord: 3 vessels.

Placenta: anterior.

Fetal Anatomy:

Visualized with normal appearance: head, brain, face, spine, neck, skin, chest, abdominal wall, gastrointestinal tract, kidneys, bladder, extremities.

XXXFAIN
 TIARRA LASHAE
 MRN: 832666
 ACCT NO: [REDACTED]
 DOB: [REDACTED]
 Age: 021
 MWH

EXHIBIT 1

Heart: 4-chamber heart and great artery views were visualized normally.
Genitalia: Male fetus.

Doppler:**Fetal Doppler:****Umbilical Artery:**

PS	43.9	cm/s
ED	20.13	cm/s
S/D ratio	2.18	
RI	0.54	
PI	0.77	
TAMX	30.91	cm/s

(Acharya)

(Schaffer)

(Schaffer)

Maternal Structures:

Cervix: normal. Cervical length: 41 mm.

Right Ovary: normal.

Right Ovary size: 32 mm x 21 mm x 12 mm. Volume: 4.2 ml.

Left Ovary: normal.

Left Ovary size: 28 mm x 26 mm x 15 mm. Volume: 5.7 ml.

FAIN

TIARRA LASHAE

MRN: 832666

ACCT NO:

DOB: [REDACTED] 38

Ge: 021

MWH

Comments:

21 yr old African American female G4 P1 @ 26 weeks and 1 day presents to MFM office for a consultative fetal scan due to increased nuchal thickness, size > dates, LTC.

12/22/09 23w0d - nuchal 8 mm

12/28/09 24w - 28 cm fundal height

1/13/10 Pt reports that she has some cramping but denies any contractions, bleeding or leaking of amniotic fluid.
Pt reports normal fetal movements.

Ob hx/(paternity):

2006-Vaginal delivery @ 38 weeks-M-8lbs 6oz-PIH; Induced for LGA-MWH (1)

2008-EAB (2)

2009-EAB (2)

Present

Medical/surgical:

Asthma-as a child

2001 fractured tailbone-age 13

Allergies: PCN-uncertain reaction

Current medications: PNV daily and women's one a day(says she will discontinue)

Height: 5'5 pre-pregnancy weight: 185 lbs current weight: 192 lbs

Blood type B +

Occupation: homemaker

FOB is 6'2 and 21 yrs old, African American, paternity to pregnancies in 2008 and 2009 and to current pregnancy

Pt is here today with FOB

Next OB appointment is 1/25/10

1/13/10 initial assessment: Hope Gonzalez RN/Nelson Isada MD.

XXXXFAIN

TIARRA LASHAE

MRN: 832666

ACCT NO:

DOB: [REDACTED] 38

Ge: 021

MWH

Report Summary:

Impression: AGA male fetus with normal anatomy for GA. Nuchal thickness is normal. Cardiac anatomy appears normal.

Increased nuchal thickness has been associated with aneuploidy and other anomalies including heart defects. Review of prior report indicates a 6mm nuchal thickness, which can be normal for that GA assuming no septations or other atypical features.

There are no sonographic findings to account for size>dates.

An endocardial cushion defect and nasal bone hypoplasia, present in 40% and 30% of Down syndrome (DS) fetuses respectively, were not seen. Other findings associated with DS such as lagging limb biometry and increased prenasal thickness were not seen.

Genetic amniocentesis at this GA could precipitate preterm birth and is not recommended given prior and current findings.

Recommendations: Above findings and implications were discussed with consultation.

A F/U scan for ROG and anatomy can be performed in 4-6w.

F/U as clinically indicated.

FAIN
TIARRA LASHAE
MRN: 832688
ACCT NO: 2036941181
DOB: 05/18/1988
Age: 021
MWH

RG

Nelson Isada, M.D.

XXXFAIN
TIARRA LASHAE
MRN: 832688
ACCT NO: 2036941181
DOB: 05/18/1988
Age: 021
MWH

04/21/2010
10:16

SUMMARY
PAGE1

NAME: MCKIN, TIARRA LASHAE
LOC: 308S
ROOM: 3109-M
ER: VBCBURNU DO, CHIZORA D

AGE: 11Y SEX: F
MED REC #: 832666
ACCOUNT #: 200604000000
ADMITTED: 04/16/2010

***** BLOOD BANK ROUTINE TESTING *****

04/19/10

+ 0652 TYPE and SCREEN
MATCH EXPIRATION 04/22/2010 04/22/2010
ABO/RH(D) B POSITIVE
ANTIBODY SCREEN NEGATIVE

***** HEMATOLOGY *****

DATE:	04/18/10		NORMAL	UNITS
TIME:	+0652			
WBC	9.6		4.5-11.0	K/UL
RBC	4.61		3.8-5.1	M/UL
HGB	12.1		11.5-15.0	gm/dL
HCT	40		34-44	%
MCV	86		80-100	fL
MCH	28		27-34	PG
MCHC	33		32-37	G/DL
RDW	14.3		11.5-14.5	%
RDWSD	44.7		36.4-46.3	fL
PLT	225		150-450	K/UL
DIFF TYPE	AUTO			
NEUT	72		38-74	%
ANEUT	6.9		1.5-7.0	K/UL
LYMFE	17 L		26-46	%
ABS LYMPH	1.6		1.5-4.5	K/UL
ABS MONO	1.0 H		<1.0	K/UL
MONO	10 H		3-7	%
EOS	1		0-5	%
BAZO	0		0-2	%

END OF REPORT

MED REC #: 832666
LOC: 308S RM: 3109-M

ERGS: 1
MCKIN, TIARRA LASHAE
INPATIENT MEDICAL RECORDS COPY

MediCorp Health System

Mary Washington Hospital
1001 Sam Perry Blvd
Fredericksburg, Va. 22401

MWH FSED Laboratory
10401 Spotsylvania Ave, Suite 103
Fredericksburg, Virginia 22408

Stafford Hospital
101 Hospital Center Blvd
Stafford, Va. 22554

Paul F. Hine, M.D., FCRP, FASCP, Medical Director, Pathology & Laboratory Medicine

04/20/2010 14:37

DISCHARGE MEDICATION ADMINISTRATION RECORD
MARY WASHINGTON HOSPITAL

PAGE: 1 OF 7

PATIENT NO: [REDACTED] NAME: XXXXGAIN, TIAARA LASBEE DSCH LOC: 30BS/3109-M
MED REC NO: 832866 AGE: 21Y SEX: F
ATTN DOCTOR: UZOCHUKWU CHIZORA O, ADMIT DATE: 04/19/2010 DSCH DATE: 04/20/2010

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 20
DOCUSATE SODIUM *APL *X 200 MG = 2 CAP
(COLACE *APL *X) PO QHS
QHS
QHS UNTIL BM THEN MESSAGE
PHARMACY TO CHANGE TO PRN
REMOVE FROM ACUDOSE
START: 04/18/10 22:00 STOP:
Ncs Verified By: 102499
04/19/10 21:00 ADMIN 10:239 at: 04/19/10 22:14

ORD# 7
SODIUM CHLORIDE 0.9% 5 ML = 0.5 VIAL
(SODIUM CHLORIDE 0.9%) IV QSHIFT
QSHIFT
IF PATIENT RH NEGATIVE
START: 04/18/10 07:12 STOP:
Ncs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 7 (REVISED)
SODIUM CHLORIDE 0.9% 5 ML = 0.5 VIAL
(SODIUM CHLORIDE 0.9%) IV QSHIFT
QSHIFT
IF PATIENT RH NEGATIVE
START: 04/18/10 07:12 STOP: 04/18/10 21:11
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

*** PRN MEDICATIONS ***

ORD# 10
ACETAMINOPHEN EX STR *APL *X 1000 MG = 2 TAB
(TYLENOL EXTRA STRENGTH *APL *X) PO Q6HPRN
Q6HPRN
MILD PAIN (1-3 ON SCALE)
DO NOT EXCEED 4000 MG IN 24 HR
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

ORD# 21
BENZOCAIN/LANOLIN/ALOE *PL INEFFECT
(DERMOPLAST *PL) TOP PRN
PRN
AFTER EACH VOIDING FOR
PERINEAL DISCOMFORT
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

ORD# 17
BISACODYL *APL *X 10 MG = 1 SUPP
(DULCOLAX *APL *X) PR PRN
PRN
CONSTIPATION IF NO 4TH DEGREE
LACERATION
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

<PERMANENT CHART COPY>

04/20/2010 14:37

DISCHARGE MEDICATION ADMINISTRATION RECORD
MARY WASHINGTON HOSPITAL

PAGE: 2 OF 7

PATIENT NO: 10011111 NAME: XXXXAIN, TIARRA LASHAE DSCH LOC: 3035/3109-M
MED REC NO: AGE: 21Y SEX: F
ATTN DOCTOR: 020000000 CHIZOBA D, ADMIT DATE: 04/13/2010 DSCH DATE: 04/20/2010

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 22
DIBUCALINE OINT *PL INEJECT
(DIBUCALINE OINT *PL) TOP PRN

PRN
FOR HEMORRHOIDS
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

ORD# 25
EUCERIN TUBE CREAM *L INEJECT
(EUCERIN TUBE CREAM *L) TOP PRN

PRN
FOR DRY/CRACKED SKIN
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
**** NO OCCURRENCES CHARTED ****

ORD# 2
FENTANYL Citrate (PF) 100 MCG = 2 ML
(FENTANYL CITRATE *X) IV Q1HPRN

Q1HPRN
FOR PAIN SCALE >= 5 AND
HOLD FOR RESPIRATORY RATE
< 10
START: 04/18/10 07:12 STOP:
Ncs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 2 (REVISED)
FENTANYL Citrate (PF) 100 MCG = 2 ML
(FENTANYL CITRATE *X) IV Q1HPRN

Q1HPRN
FOR PAIN SCALE >= 5 AND
HOLD FOR RESPIRATORY RATE
< 10
START: 04/18/10 07:12 STOP: 04/18/10 21:11
Ncs Verified By:
**** NO OCCURRENCES CHARTED ****

ORD# 11
IEUPROFEN *PL *X 600 MG = 1 TAB
(MOOTRIN *PL *X) PO EVERY 6 HOURS AS NEEDED

Q1HPRN
MILD PAIN (PAIN SCALE 1-3)
START: 04/18/10 21:11 STOP:
Ncs Verified By: 102499
04/19/10 00:45 ADMIN 102499
Charted Reason: Pain
Pain Scale:4 Pain Loc:Abdomen
Effect: 04/19/10 01:44 102499 Mild relief obtained
Pain Scale:3 Pain Loc:Comfort
04/19/10 06:50 ADMIN 102499
Charted Reason: Pain
Pain Scale:4 Pain Loc:Abdomen
Effect: 04/19/10 07:15 105365 Moderate relief obtained
Pain Scale:2 Pain Loc:Abdomen
04/19/10 15:56 ADMIN 105365
Charted Reason: Pain
Adm Site: po
Pain Scale:4 Pain Loc:Abdomen
Effect: 04/19/10 16:33 105365 Full relief obtained
Pain Scale:0 Pain Loc:None
04/19/10 22:14 ADMIN 101239
Charted Reason: Pain
Pain Scale:3 Pain Loc:Abdomen
Effect: 04/19/10 23:11 101239 Full relief obtained
Pain Scale:0 Pain Loc:Abdomen

<PERMANENT CHART COPY>

04/20/2010 14:37

DISCHARGE MEDICATION ADMINISTRATION RECORD
MARY WASHINGTON HOSPITAL

PAGE: 3 OF 7

PATIENT NO: 1000041181 NAME: XXXXX, TIARRA LASHAE DSCH LOC: 30BS/3109-M
MED REC NO: 827666 AGE: 21Y SEX: F
ATTN DOCTOR: DR. CHIZOBA O. ADMIT DATE: 04/13/2010 DSCH DATE: 04/20/2010

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** ERN MEDICATIONS ***

ORD# 11
(CONTINUED)

04/20/10 07:50 ADMIN 107318
Charted Reason: pain
Pain Scale:3 Pain Loc:Back
Effect: 04/20/10 08:54 107318 Full relief obtained
Pain Scale:0 Pain Loc:denies

ORD# 24

LINCOLIN PURIFIED *PL INEFFECT
(LANSONOL *PL) TOP PRN
PRN
FOR CRACKED OR SORE NIPPLES
START: 04/18/10 21:11 STOP:
Nrs Verified By: 102499
**** NO OCCURRENCES CHARGED ****

ORD# 1

MAG HYDROX/AL HYDROX/SIMETH *X 30 ML = 1 CUP
(MYLANTA SUSP 30 ML CUP *X) PO Q4HPRN
Q4HPRN
FOR INDIGESTION/HEARTBURN
START: 04/18/10 07:12 STOP:
Nrs Verified By:
**** NO OCCURRENCES CHARGED ****

ORD# 1 (REVISED)

MAG HYDROX/AL HYDROX/SIMETH *X 30 ML = 1 CUP
(MYLANTA SUSP 30 ML CUP *X) PO Q4HPRN
Q4HPRN
FOR INDIGESTION/HEARTBURN
START: 04/18/10 07:12 STOP: 04/18/10 21:11
Nrs Verified By: 102499
**** NO OCCURRENCES CHARGED ****

ORD# 16

MAG HYDROX/AL HYDROX/SIMETH *X 30 ML = 1 CUP
(MYLANTA SUSP 30 ML CUP *X) PO Q4HPRN
Q4HPRN
INDIGESTION
START: 04/18/10 21:11 STOP:
Nrs Verified By: 102499
**** NO OCCURRENCES CHARGED ****

ORD# 26

MAGNESIUM SULFATE *PL 1 EA = 120 GM
(EPSOM SALT *PL) TOP TIDPRN
TIDPRN
IN SITZ BATH FOR PERINEAL
HEALING
START: 04/18/10 21:11 STOP:
Nrs Verified By: 102499
04/19/10 12:47 ADMIN 105365
Charted Reason: Per MD Order
Adm Site: topical

ORD# 19

MESSAGE FOR NURSING RUBELLA
(NOTES FOR NURSING) MIS PRN
PRN
PLEASE MESSAGE RX TO ENTER
RUBELLA TO GIVE AT DISCHARGE
IF MOTHER NOT IMMUNE NO RHOGAM
START: 04/18/10 21:11 STOP:
Nrs Verified By: 102499
**** NO OCCURRENCES CHARGED ****

<PERMANENT CHART COPY>

EXHIBIT 1

DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 4 OF 7

04/20/2010 14:37

PATIENT NO: 181 NAME: JOCKALIN, TIAURA JASBUR DSK LOC: 308/3109-M
MED REC NO: 8 AGE: 21T ADMISSION DATE: 04/13/2010 DSK DATE: 04/20/2010
ATTN DOCTOR: DR. CHITRANA D.

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** RN MEDICATIONS ***

ORD# 3 ONDANSETRON HCI *APLX 4 MG = 2 ML IV
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 07:12 SCORE
NO OCCURRENCES CHARGED ***

ORD# 3 (REVISED) ONDANSETRON HCI *APLX 4 MG = 2 ML IV
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 07:12 SCORE
NO OCCURRENCES CHARGED ***

ORD# 15 ONDANSETRON HCI *APLX 4 MG = 2 ML IV
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 07:12 SCORE
NO OCCURRENCES CHARGED ***

ORD# 15 ONDANSETRON HCI *APLX 4 MG = 2 ML IV
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
EVERY 6 HOURS AS NEEDED

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

ORD# 12 ONDANSETRON HCI *APLX 1 EA = 1 TAB PO
NUSIN RMD/OR VOMITING (ZOFAN *APLX)
START: 04/18/10 21:11 SCORE
NO OCCURRENCES CHARGED ***

<PERMANENT CHART COPY>